

MasterCard International 	Brand Standards Control System <i>Special Issuing Programs</i>
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Notes Submission

Member Name : [REDACTED]

Status of Program :

Control Number

Approved

05-1622 NYC

Check all that apply :

<input type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info

Member Name
Member ICA/IDMember BIN
Additional BIN
Member Region

United States

Member Contact Last Name

Contact Middle Initial

Contact Address

Contact State /Prov.

Contact Country

United States

Contact Fax

Member Contact First Name

Contact Title

Contact City/Town

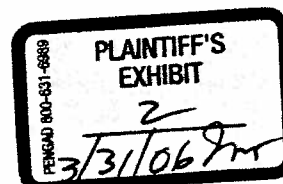
Contact Zip

Contact Phone

Contact Email

Section II: General Program Information

Program Category :	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of account holder :	United States of America	Program Name : [REDACTED]	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name? Yes	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard:	Yes	MasterCard:	Yes
Maestro:	No	MasterCard	No
Cirrus:	Yes	Electronic:	
		Maestro:	No
		Mondex:	No
Exclusive to MasterCard?	Yes	Program Launch Date	Apr 01, 2005
Products offered in the Program will be :		Cirrus ATM, Debit MasterCard	
If Other, please enter			
Transactions are funded with funds on deposit?	Yes		
Others mark (s) appearing on the card :		Pulse and Cirrus	
Program Benefits?	No		
If 'Yes', provide benefits :			
AVS will be validated :	Yes		
Card Account Projections	Accounts	Cards	
Year 1	500	1500	
Year 2	1000	3000	
Year 3	1500	4500	

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Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co -Brander to other Co -Branders?	
Full Legal Name :	Trade Name or DBA :
Address :	City :
State/Province :	Zip :
Country :	
Affinity/Co-Branded	
Type of Business :	How long in existence?
Partner locations acceptance information.	
Does the Co -Brander accept?	If Yes, will the Co -Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard	MasterCard
MasterCard Electronic	MasterCard Electronic
Maestro	Maestro
Mondex	Mondex
Is the Co-Brander a brokerage firm?	
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program) to market the A /CB program?	
Additional Partners on card :	
Will the 4th line of embossing be used?	
Proprietary Account Number on Card?	
If yes, please complete section VIII	
The card program will be offered to the Co -Brander's	
If Other, please describe :	

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name :	Trade Name or DBA :
Address :	City :
State/Province :	Zip :
Country :	How long has the organization been yr.
Type of Business :	In existence?
Proprietary Account Number on the card?	
Does the Primary Co -Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	
If Yes, will the Co -Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	

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MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co -Brander's:

If Other, please describe :

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name :		Trade Name or DBA :
Address :		City :
State/Province :		Zip :
Country :		
Type of Business :	How long in existence?	
Primary application submitted?		
Name of Primary Partner :		Name of Primary Partner's product:
Does the Secondary Co -Branded partner understand the terms of this agreement?		
Program Name (s):		
<u>Card Account Projections</u>	<u>Accounts</u>	<u>Cards</u>
Year 1	0	0
Year 2	0	0
Year 3	0	0
Does the secondary Co -Brander accept as applicable?		If Yes, will the secondary Co -Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co -Branded card itself?
MasterCard		MasterCard
MasterCard Electronic		MasterCard Electronic
Maestro		Maestro
Mondex		Mondex
The card program will be offered to the Secondary Partner's /Co-Brander's:		
If Other, please describe :		

Section VI: Prepaid Program

General information			
The account is funded by :	Consumer	Type of Program :	Teen
If Other, please explain fund type:	(e.g. corporation, insurance company, non-profit organization, etc)		
Program is operating under a BIN dedicated to prepaid programs?	Yes	Third Party has access to funds?	No

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Funds Management		
Type of Account :	DDA	Title on Account :
Card Information		
Initial Load Values :		What is the portfolio's total estimated funds balance by Year 2?
Minimum: \$25	Maximum: \$2500	100,000
Will the card be re-loadable?	Yes	
If "Yes", reload values :		
Minimum: \$25	Maximum: \$2500	
What is the maximum number of loads per day?	1	What is each card account maximum balance at any given time?
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	balance	2500
How will the funds be loaded onto the cards?	The funds are loaded through the consumer site, or the financial institution	What is the maximum cumulative amount that can be spent at POI per day?
What payment methods are accepted to purchase, load, or reload the card amount?		
MasterCard	Yes	MasterCard
MasterCard Electronic	No	MasterCard Electronic
Maestro	No	Maestro
Mondex	No	Mondex
Cards are valid :	2 year(s)	month(s)
Cardholders have access to funds after card expiration date :		No
Estimate percentage of :		
Domestic transaction :	95 %	International transaction :
* Cash withdrawals :	50 %	* Cash withdrawals :
* Purchases	50 %	* Purchases
Describe all parties and their roles in the authorization process :		50 %
Registration		Elan-Gateway to MasterCard Pulse-Network switch.
What is the process to register cardholder's information?		Ecommlink-Authorization and verification
What type of cardholder information is recorded by the issuer?		The cardholders information will be registered & housed on the Pulse Access System
How does issuer verify cardholder's information?		The required fields for information are in compliance with AML guidelines, name, address, phone #, SSN#, drivers license and DOB.
Program Disclosures :	<input checked="" type="checkbox"/> Procedure for redemption of unused funds	The branch will verify the information with the physical verification as the Pulse Access system will verify AVS and OFAC
	<input checked="" type="checkbox"/> Split tender disclosure	

Section VII: Chip Program

VII. a. General Information

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Number of Card Accepting locations		Is this a multi-application card?		
Merchants: Terminals ATMs				
VII. b. Chip Information				
Card Manufacturer				
Contact Name	Card Personalization Center Contact Name			
E-mail Address	E-mail Address			
Address	Address			
City	City			
State	State			
Zip	Zip			
Country	Country			
If sourcing from additional vendors, list:				
Application Provider	Operating System <input type="checkbox"/> MULTOS to be used <input type="checkbox"/> Other			
Contact Name				
E-mail Address				
Version Number				
Issuer ensures that operating system is EMV compatible?				
Card Personalization Specification for MasterCard's Type Approval Process				
Card Vendor Name				
Product Name				
Chip Platform				
Application				
PAN				
Indicate what Internet authentication application will be used (if applicable)				
VII. c. Application Type				
Application Type	On Card at Issuance	Application Technology	Application Developer	Application ID (AID*) for BVT applications
<input type="checkbox"/> credit MasterCard				Product Name
<input type="checkbox"/> debit MasterCard				
<input type="checkbox"/> Maestro				
<input type="checkbox"/> Cirrus				
<input type="checkbox"/> Mondex Purse				
<input type="checkbox"/> Proprietary Stored Value				
<input type="checkbox"/> Affinity/Co-Branded Proprietary Account				
<input type="checkbox"/> Proprietary Non-payment (e.g. loyalty)				

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Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, Issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or its assigns and MasterCard

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

Type of Non-payment service (e.g., loyalty, medical information, building access)

Who is providing the Non-payment

Describe how the cardholder uses /accesses

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service described above?

Non-payment service

Section VIII.b. Proprietary Payment Information

Type of Payment Application
(check all that apply)

If "Other" please specify

Who is providing the Payment service
described above?

Is the Payment application general
(broad merchant base) or limited purpose
(e.g., transit, campus merchants)?

Will Stored Value program convert to
Mondex?

☐ Yes ☐ No

If Stored Value application, define maximum and projected average
amounts that may be stored on cards :
Max

Projected Avg.

Describe how the Payment application will be used by cardholder :

Section VIII.c. Proprietary Account Number

How the proprietary account number will be incorporated onto the card

- ☐ embossed in the 4th line
☐ encoded on magnetic strip
☐ cross-referenced in co-brand's database
☐ Other

Please describe where and /or how the proprietary account will be utilized

Section VIII.d. Indemnification

Issuer Senior Program Manager By :

Name

Title

Date

Section IX: Virtual MasterCard Solution

Section IX.a. General Information

Target Audience :

Is this program marketed on a website?

www.

The Virtual MasterCard is available for
use in all remote environments :

Program will operate under a dedicated
BIN:

Will the same BIN be used for any physical MasterCard cards?

A unique BIN has been requested?

The virtual MasterCard includes the
following:

- ☐ 16-digit account number
☐ Assigned CVC2 value
☐ Expiration date

How will the account number, expiration date & CVC 2 be
communicated?

Section IX.b. Account Linkage

Account linkage will be managed the same way for all accountholders :

- Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards:

☐ Yes

- Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled

☐ Yes

- Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard

☐ Yes

- Is the physical MasterCard plastic option available at all times for cardholders in good standing?

☐ Yes ☐ No

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The Virtual MasterCard account and physical MasterCard card is linked operationally .

Section IX.c.

Optional Reference Device Issued

The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement)

- ☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other
Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment . ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card . ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person . ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file? ☐ Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file? ☐

Program Approval Status

Preliminary Review

Date Submitted	03/15/2005	Date Reviewed	Mar 15, 2005
Date Resubmitted :			
Date Additional Information Requested		Comment Date :	
Program Compliant	<input checked="" type="radio"/> Yes <input type="radio"/> No	Comments:	sent email approval
Business Days to Respond :	1		
Program Reviewed by :	mark reviewed	Michelle Kennedy	
Lock Review History			

1. Date Additional Information Requested: Mar 16, 2005, sent email approval:

Final Program Status

Date of Status : Status Set By :

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Status Approved
Business Days to Approve : 1

Image File —>

Entered by Satya Singh Mar 11, 2005 at 12:47 PM


Modified By: Satya Singh/NYC/MASTERCARD on Mar 16, 2005 at 03:05 49 PM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Mar 16, 2005 at 01:03:25 PM

Modified By: Satya Singh/NYC/MASTERCARD on Mar 11, 2005 at 01:11:48 PM

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 Brand Standards Control System <i>Special Issuing Programs</i>		
MOL Submission	Status of Program :	Approved
Member Name : [REDACTED]	Control Number	05-1192 NYC

Check all that apply :

<input checked="" type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input type="checkbox"/> Standard		
<input checked="" type="checkbox"/> Primary		
<input type="checkbox"/> Secondary		
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info	
Member Name	[REDACTED]
Member ICA/ID	[REDACTED]
Member BIN	[REDACTED]
Additional BIN	[REDACTED]
Member Region	United States
Member Contact Last Name	[REDACTED]
Contact Middle Initial	[REDACTED]
Contact Address	[REDACTED]
Contact State/Prov.	[REDACTED]
Contact Country	United States
Contact Fax	[REDACTED]
Member Contact First Name	[REDACTED]
Contact Title	[REDACTED]
Contact City/Town	[REDACTED]
Contact Zip	[REDACTED]
Contact Phone	[REDACTED]
Contact Email	[REDACTED]

Section II: General Program Information

Program Category :	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of accountholder :	United States (USA)	Program Name : [REDACTED]	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name? Yes	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard :	No	MasterCard :	No
Maestro :	Yes	MasterCard	No
Cirrus :	Yes	Electronic :	
		Maestro :	Yes
		Mondax :	No
Exclusive to MasterCard?	Yes	Program Launch Date	Feb 18, 2005
Products offered in the Program will be :		Maestro/Cirrus	
If Other, please enter		Pulaa	
Transactions are funded with funds on deposit?		Yes	
Others mark (s) appearing on the card :			
Program Benefits?		No	
If "Yes", provide benefits :			
AVS will be validated :		Yes	
Card Account Protections	Accounts	Cards	
Year 1	2,000	2,000	

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Year 2	4,000	4,000
Year 3	7,000	7,000

Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Brander?

Full Legal Name: Trade Name or DBA:

Address: City:

State/Province: Zip:

Country:

Affinity/Co-Branded

Type of Business: How long in existence?

Partner locations acceptance information:

Does the Co-Brander accept?

If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?

MasterCard

MasterCard

MasterCard Electronic

MasterCard Electronic

Maestro

Maestro

Mondex

Mondex

Is the Co-Brander a brokerage firm?

Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program?

Additional Partners on card:

Will the 4th line of embossing be used?

Proprietary Account Number on Card?

If yes, please complete section VIII

The card program will be offered to the Co-Brander's

If Other, please describe:

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:		Trade Name or DBA:	
Address:		City:	
State/Province:		Zip:	
Country:	United States (USA)	How long has the organization been in existence?	1 yr.
Type of Business:	Financial Services		
Proprietary Account Number on the card?		No	
Does the Primary Co-Brander accept?			
MasterCard	No		
MasterCard Electronic	No		
Maestro	No		
Mondex	No		

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If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?

MasterCard No

MasterCard Electronic No

Maestro No

Mondex No

The card program will be offered to the Primary Co-Brander's: Other

If Other, please describe:

Card program will be offered to the Parents of teens via Secondary Co-brander that have a business relationship with [REDACTED]

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:
Address:		City:
State/Province:		Zip:
Country:		
Type of Business:	How long in existence?	
Primary application submitted?		
Name of Primary Partner:	Name of Primary Partner's product:	
Does the Secondary Co-Branded partner understand the terms of this agreement?		
Program Name(s):		
<u>Card Account</u>	<u>Accounts</u>	<u>Cards</u>
<u>Protections</u>		
Year 1	0	0
Year 2	0	0
Year 3	0	0
Does the secondary Co-Brander accept as applicable?		If Yes, will the secondary Co-Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard		MasterCard
MasterCard Electronic		MasterCard Electronic
Maestro		Maestro
Mondex		Mondex
The card program will be offered to the Secondary Partner's /Co-Brander's:		
If Other, please describe:		

Section VI: Prepaid Program

General Information		
The account is funded by:	Consumer	Type of Program:
		Teen

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If Other, please explain fund type:		(e.g. corporation, insurance company, non-profit organization, etc)	
Program is operating under a BIN dedicated to prepaid programs?		Yes	Third Party has access to funds? No
Funds Management			
Type of Account:	Aggregated DDA	Title on Account:	First Federal
Card Information			
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 2?	480,000
Minimum: \$10.00	Maximum: \$2,500.00		
Will the card be re-loadable?	Yes		
If 'Yes', reload values:			
Minimum: \$10.00	Maximum: \$2,500.00	What is each card account maximum balance at any given time?	2,500.00
What is the maximum number of loads per day?	2	What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	Set by Parent
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	Set by Parent		
How will the funds be loaded onto the cards?	Parent applying for the card will designate funds to be loaded via ACH from their DDA account or Credit/Debit Card.		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic	No	MasterCard Electronic	No
Maestro	Yes	Maestro	Yes
Mondax	No	Mondax	No
Cards are valid:	3 year(s)	36 month(s)	
Cardholders have access to funds after card expiration date:		Yes	
Estimate percentage of:			
Domestic transaction:	95 %	International transaction:	5 %
* Cash withdrawals:	5 %	* Cash withdrawals:	5 %
* Purchases	95 %	* Purchases	95 %
Describe all parties and their roles in the authorization process:		All merchant authorization request will be routed to the processor eCommLink, for authorization.	
Registration			
What is the process to register cardholder's information?		Parent will access the internet web site and enter their personal information for themselves and for their teen.	
What type of cardholder information is recorded by the issuer?		Name, Address, Phone, Date of Birth, SS#, Drivers License#	
How does issuer verify cardholder's information?		Cardholder information is verified against USA PATRIOT Act and OFAC databases via eCommLink.	
Program Disclosures:	<input checked="" type="checkbox"/> Procedure for redemption of unused funds <input checked="" type="checkbox"/> Split tender disclosure		

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Section VII: Chip Program

VII.a. General Information

Number of Card Accepting locations

Merchants:
Terminals
ATMs

Is this is a
multi-application
card?

VII.b. Chip Information

Card Manufacturer

Contact Name

E-mail Address

Address

City

State

Zip

Country

United States (USA)

Card
Personalization
Center
Contact Name

E-mail Address

Address

City

State

Zip

Country

United States (USA)

If sourcing from
additional vendors,
list:

Application Provider

Operating System ☐ MULTOS
to be used ☐ Other

Contact Name

E-mail Address

Version Number

Issuer ensures
that operating
system is EMV
compatible?

Card Personalization Specification for
MasterCard's Type Approval Process

Card Vendor Name

Product Name

Chip Platform

Application

PAN

Indicate what Internet authentication
application will be used (if applicable)

VII.c. Application Type

Application Type

On Card at
Issuance

Application
Technology

Application
Developer

Application ID
(AID*) for BVT
applications

Product Name

☐ credit MasterCard☐ debit MasterCard☐ Maestro☐ Citrus☐ Mondex Purse☐ Proprietary Stored Value

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- ☐ Affinity/Co-Branded Proprietary Account
- ☐ Proprietary Non-payment (e.g. loyalty)
- ☐ Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Date

Title

VII.e. Defense Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, Issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

- ☐ Technology availability and cost
(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)
- ☐ The relationship between smart card issuance and the pricing of terminal conversion to chip acceptance
- ☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Date

Title

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use .

TERMS OF THE APPLICATION OF ISSUANCE AND
MEMORANDUM OF UNDERSTANDING OF THE MasterCard inc. PROGRAM

These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc2 Program between Applicant and its assigns and MasterCard

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

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Type of Non-payment service (e.g., loyalty, medical information, building access)	
Who is providing the Non-payment service described above?	Describe how the cardholder uses /accesses Non-payment service
Section VIII.b. Proprietary Payment Information	
Type of Payment Application (check all that apply)	
If "Other" please specify	
Who is providing the Payment service described above?	
Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?	Will Stored Value program convert to Mondex? <input type="radio"/> Yes <input type="radio"/> No
If Stored Value application, define maximum and projected average amounts that may be stored on cards : Max	Projected Avg.
Describe how the Payment application will be used by cardholder :	
Section VIII.c. Proprietary Account Number	
How the proprietary account number will be incorporated onto the card	<input type="checkbox"/> embossed in the 4th line <input type="checkbox"/> encoded on magnetic strip <input type="checkbox"/> cross-referenced in co-branders database <input type="checkbox"/> Other
Please describe where and /or how the proprietary account will be utilized	
Section VIII.d. Indemnification	
Issuer Senior Program Manager By :	
Name	
Title	
Date	

Section IX: Virtual MasterCard Solution

Section IX.a. General Information	
Target Audience :	Is this program marketed on a website? <input type="checkbox"/> Yes <input type="checkbox"/> No
The Virtual MasterCard is available for use in all remote environments :	Program will operate under a dedicated BIN: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the same BIN be used for any physical MasterCard cards?	
A unique BIN has been requested?	
The Virtual MasterCard includes the following:	How will the account number, expiration date & CVC 2 be communicated?
<input type="checkbox"/> 16-digit account number <input type="checkbox"/> Assigned CVC2 value <input type="checkbox"/> Expiration date	
Section IX.b. Account Linkage	
Account linkage will be managed the same way for all accountholders :	
<ul style="list-style-type: none"> Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards: <input type="checkbox"/> Yes	<ul style="list-style-type: none"> Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard <input type="checkbox"/> Yes
<ul style="list-style-type: none"> Please check the box to verify that the Virtual MasterCard will be 	<ul style="list-style-type: none"> Is the physical MasterCard plastic option available at all times

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M.C. 00069

☐ Yes automatically cancelled when the physical MasterCard card is cancelled; ☐ Yes ☐ No for cardholders in good standing?

The Virtual MasterCard account and physical MasterCard card is linked operationally.

Section IX.c. Optional Reference Device Issued

The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement):

- ☐ No MasterCard hologram
- ☐ No magnetic stripe or chip
- ☐ No embossing
- ☐ No MasterCard signature panel

The following disclosures will be printed on the reference device:

- ☐ "This program is for use in all remote environments"
- ☐ "This is designed for reference only and is not valid when handed to the merchant"
- ☐ Other

Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the Internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file?

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file?

Program Approval Status

Preliminary Review

Date Submitted	01/19/2005	Date Reviewed	Jan 19, 2005
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments:	ok to approve
Business Days to Respond:	0		
Program Reviewed by:	mark reviewed;	Dawn Floor	
Lock Review History			

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M.C. 00070

1. Date Additional Information Requested: Jan 19, 2005, sent dan an e-mail - why are limits so high? once a reply is received send to member risk;

Final Program Status

Date of Status :	Status Set By :
Status : Approved	
Business Days to Approve : 5	

Image File -->

Entered by x367757 Jan 18, 2005 at 05:04 PM

Modified By: Satya Singh/NYC/MASTERCARD on Jul 15, 2005 at 09:21:52 AM

Modified By: Dawn Flood/NYC/MASTERCARD on Feb 08, 2005 at 10:32:23 AM

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Modified By: Dawn Flood/NYC/MASTERCARD on Jan 28, 2005 at 11:46:34 AM

Modified By: Dawn Flood/NYC/MASTERCARD on Jan 21, 2005 at 12:09:57 PM

Modified By: Satya Singh/NYC/MASTERCARD on Jan 19, 2005 at 07:56:05 AM

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M.C. 00071



MDL Submission

Member Name :

Status of Program :

Approved

Control Number

04-3807 NYC

Check all that apply :

☐ Affinity/Co-Brand☐ Multi-application☐ Private Label☐ Prepaid☐ Virtual MasterCard☐ Chip☐ Pilot program

Section I: Member Information

Get Contact Info

Member Name :

Member ICA/ID

Member BIN

Additional BIN

Member Region

United States

Member Contact Last Name

Contact Middle Initial

Contact Address

Contact State /Prov.

Contact Country

United States

Contact Fax

Member Contact First Name

Contact Title

Contact City/Town

Contact Zip

Contact Phone

Contact Email

Section II: General Program Information

Program Category :	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of accountholder :	United States (USA)	Program Name : [REDACTED]	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name? Yes	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard :	Yes	MasterCard :	Yes
Maestro :	Yes	MasterCard	not applicable
Cirrus :	Yes	Electronic :	
		Maestro :	not applicable
		Mondex :	not applicable
Exclusive to MasterCard?	Yes	Program Launch Date	Oct 15, 2004
Products offered in the Program will be :		Debit MasterCard	
If Other, please enter		PrePaid Debit Card	
Transactions are funded with funds on deposit?	Yes		
Others mark (s) appearing on the card :		Pulse	
Program Benefits?		No	
If 'Yes', provide benefits :			
AVS will be validated :		No	
Card Account Projections	Accounts	Cards	
Year 1	5,000	5,000	
Year 2	10,000	10,000	
Year 3	15,000	15,000	

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M.C. 00072

Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Branders?		Yes
Full Legal Name:	[REDACTED]	Trade Name or DBA:
Address:	[REDACTED]	City:
State/Province:	[REDACTED]	Zip:
Country:	United States (USA)	
Affinity/Co-Branded		
Type of Business:	Marketer	How long in existence?
		less than 1 year
Partner locations acceptance information:		
Does the Co-Brander accept?		If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard	not applicable	MasterCard
MasterCard Electronic	not applicable	MasterCard Electronic
Maestro	not applicable	Maestro
Mondex	not applicable	Mondex
Is the Co-Brander a brokerage firm?		No
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program to market the A/CB program?		Yes
Additional Partners on card		
Will the 4th line of embossing be used?		Yes
If yes, please describe for which purpose		Cardholder may select one of a template of "catch phrases".
Proprietary Account Number on Card?		No
If yes, please complete section VIII		
The card program will be offered to the Co-Brander's		Customers, Other
If Other, please describe:		Marketed to teens and their parents.

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	How long has the organization been in existence? yr.
Type of Business:	Marketer
Proprietary Account Number on the card?	
Does the Primary Co-Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	
If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	

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M.C. 00073

MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co -Brander's:

If Other, please describe :

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:

Address:

State/Province:

Country:

Type of Business:

Primary application
submitted?

Name of Primary Partner:

Does the Secondary Co -Branded partner understand the terms of this
agreement?

Program Name (s):

Trade Name or DBA:

City:

Zip:

How long in existence?

Name of Primary Partner's
product:Card Account
ProjectionsAccountsCards

Year 1

0

0

Year 2

0

0

Year 3

0

0

Does the secondary Co -Brander accept as applicable?

If Yes, will the secondary Co -Brander accept all the cards branded
with the following marks as a form of payment for all goods and
services, in addition to the Co -Branded card itself?

MasterCard

MasterCard

MasterCard Electronic

MasterCard Electronic

Maestro

Maestro

Mondex

Mondex

The card program will be offered to the Secondary Partner's /Co-Brander's:

If Other, please describe :

Section VI: Prepaid Program

General Information

The account is funded by :

Consumer

Type of Program :

Teen

If Other, please explain fund
type:

(e.g. corporation, insurance company, non-profit organization, etc.)

Program is operating under a
BIN dedicated to prepaid
programs?


Yes

Third Party has access to funds?

No

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M.C. 00074

Funds Management			
Type of Account:	DDA	Title on Account:	
Card Information			
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 2?	400,000.00
Minimum: \$10.00	Maximum: \$1,500.00		
Will the card be re-loadable?	Yes		
If "Yes", reload values:			
Minimum: \$10.00	Maximum: \$1,500.00	What is each card account maximum balance at any given time?	1,500.00
What is the maximum number of loads per day?	1	What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	1,500.00
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	1,500.00		
How will the funds be loaded onto the cards?	IVR and Website will accept either credit cards or a DDA account to perform an ACH transfer. In time customer also hopes to have selected merchants as load centers that will accept these forms of payments as well.		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic	not applicable	MasterCard Electronic	not applicable
Maestro	not applicable	Maestro	not applicable
Mondex	not applicable	Mondex	not applicable
Cards are valid:	2 year(s)		24 month(s)
Cardholders have access to funds after card expiration date:			No
Estimate percentage of:			
Domestic transaction:	95 %	International transaction:	5 %
* Cash withdrawals:	20 %	* Cash withdrawals:	50 %
* Purchases	80 %	* Purchases	50 %
Describe all parties and their roles in the authorization process:		eCommLink is a third party process that both First PREMIER Bank and Plastic Cash International have contracted to perform the authorization process for all types of transactions.	
Registration			
What is the process to register cardholder's information?		Customer can order a card either at a website or calling a toll-free number	
What type of cardholder information is recorded by the issuer?		Name, Address, DOB, SSN	
How does issuer verify cardholder's information?		Through our process, eCommLink, we verify cardholder information by running a check through Experian as well as OFAC.	
Program Disclosures:		<input checked="" type="checkbox"/> Procedure for redemption of unused funds <input checked="" type="checkbox"/> Split tender disclosure	

Section VII: Chip Program

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M.C. 00075

VII.a. General Information

Number of Card Accepting locations

Merchants:
Terminals
ATMs

Is this a
multi-application
card?

VII.b. Chip Information

Card Manufacturer

Contact Name

E-mail Address

Address

City

State

Zip

Country

United States (USA)

Card
Personalization
Center
Contact Name

E-mail Address

Address

City

State

Zip

Country

United States (USA)

If sourcing from
additional vendors,
list:

Application Provider

Contact Name

E-mail Address

Version Number

Operating System ☐ MUR.TOS
to be used ☐ Other

Issuer ensures
that operating
system is EMV
compatible?

Card Personalization Specification for
MasterCard's Type Approval Process
Card Vendor Name

Product Name

Chip Platform

Application

PAN

Indicate what Internet authentication
application will be used (if applicable)

VII.c. Application Type

Application Type

On Card at
Issuance

Application
Technology

Application
Developer

Application ID
(AID*) for BVT
applications

Product Name

☐ credit MasterCard☐ debit MasterCard☐ Maestro☐ Cirrus☐ Mondax Purse☐ Proprietary Stored Value☐ Affinity/Co-Branded Proprietary Account☐ Proprietary Non-payment (e.g. loyalty)

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M.C. 00076

☐ Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above.

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below.)

☐ Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

☐ Other

(e.g. marketing priorities, economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or its assigns and MasterCard.

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

Type of Non-payment service (e.g., loyalty, medical information, building access)

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M.C. 00077

Who is providing the Non-payment service described above?	Describe how the cardholder uses /accesses Non-payment service
Section VIII .b. Proprietary Payment Information	
Type of Payment Application (check all that apply)	
If "Other" please specify	
Who is providing the Payment service described above?	Will Stored Value program convert to Mondex? <input type="radio"/> Yes <input type="radio"/> No
Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?	
If Stored Value application, define maximum and projected average amounts that may be stored on cards : Max	Projected Avg.
Describe how the Payment application will be used by cardholder :	
Section VIII .c. Proprietary Account Number	
How the proprietary account number will be incorporated onto the card	<input type="checkbox"/> embossed in the 4th line <input type="checkbox"/> encoded on magnetic strip <input type="checkbox"/> cross-referenced in co-branders database <input type="checkbox"/> Other
Please describe where and for how the proprietary account will be utilized	
Section VIII .d. Indemnification	
Issuer Senior Program Manager By : Name Title Date	

Section IX: Virtual MasterCard Solution

Section IX.a. General Information	
Target Audience :	Is this program marketed on a website? <input type="checkbox"/> Yes <input type="checkbox"/> No
The Virtual MasterCard is available for use in all remote environments :	Program will operate under a dedicated BIN: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the same BIN be used for any physical MasterCard cards?	
A unique BIN has been requested?	
The virtual MasterCard includes the following:	How will the account number, expiration date & CVC 2 be communicated?
<input type="checkbox"/> 16-digit account number <input type="checkbox"/> Assigned CVC2 value <input type="checkbox"/> Expiration date	
Section IX .b. Account Linkage	
Account linkage will be managed the same way for all accountholders :	
<ul style="list-style-type: none"> Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards: <input type="checkbox"/> Yes	<ul style="list-style-type: none"> Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard <input type="checkbox"/> Yes
<ul style="list-style-type: none"> Please check the box to verify that the Virtual MasterCard will be automatically canceled when the physical MasterCard card is cancelled <input type="checkbox"/> Yes	<ul style="list-style-type: none"> Is the physical MasterCard plastic option available at all times for cardholders in good standing? <input type="radio"/> Yes <input type="radio"/> No

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M.C. 00078

The Virtual MasterCard account and physical MasterCard card is linked operationally.

Section IX.c.

Optional Reference Device Issued

The reference device must meet the following minimum requirements. (Check box to verify that device meets each requirement)

- ☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other
Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the Internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file?

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file?

Program Approval Status

Preliminary Review

Date Submitted	09/21/2004	Date Reviewed	Sep 21, 2004
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments:	ISO approved - gave verbal
Business Days to Respond:	0		
Program Reviewed by:	mark reviewed	Down Floor	
Lock Review History			

1. Date Additional Information Requested: Sep 21, 2004. The cards should be marketed to the parent for their child, not directly to the child.

Will there be restrictions on the usage of the cards? If so, what are the specific restrictions?

Since the partner will be marketing to other co-branders, they should be a Primary co-brand partner, not a standard partner.

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M.C. 00079

Additionally, they should register as an ISO.

:

5. Data Additional information Requested: Sep 21, 2004. The cards should be marketed to the parent for their child, not directly to the child.

Will there be restrictions on the usage of the cards? If so, what are the specific restrictions?

Since the partner will be marketing to other co-branders, they should be a Primary co-brand partner, not a standard partner.

Additionally, they should register as an ISO.

Final Program Status

Date of Status:	Status Set By:
Status: Approved	
Business Days to Approve: 9	

Image File -->

Entered by r865400 Sep 20, 2004 at 11:05 AM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Sep 07, 2005 at 02:57:01 PM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Feb 18, 2005 at 10:09:56 AM

Modified By: Satya Singh/NYC/MASTERCARD on Oct 06, 2004 at 02:50:06 PM

Modified By: Dawn Flood/NYC/MASTERCARD on Oct 06, 2004 at 11:48:04 AM


Modified By: Dawn Flood/NYC/MASTERCARD on Sep 21, 2004 at 10:30:00 AM

Modified By: Satya Singh/NYC/MASTERCARD on Sep 21, 2004 at 08:47:36 AM

Modified By: r865400/MCARD on Sep 20, 2004 at 10:05:31 AM

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M.C. 00080

		Brand Standards Control System <i>Special Issuing Programs</i>	
Notes Submission Member Name: [REDACTED]		Status of Program : Control Number: [REDACTED]	
		Approved 05-3130 NYC	

Check all that apply :

<input checked="" type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input checked="" type="checkbox"/> Standard		
<input type="checkbox"/> Primary		
<input type="checkbox"/> Secondary		
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info	
Member Name	Member BIN
Member ICA/ID	Additional BIN
Member Contact Last Name	Member Region
Contact Middle Initial	United States
Contact Address	Member Contact First Name
Contact State (Prov.)	Contact Title
Contact Country	Contact City/Town
Contact Fax	Contact Zip
	Contact Phone
	Contact Email

Section II: General Program Information

Program Category:	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of account holder:	United States of America	Program Name:	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name? Yes	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard:	Yes	MasterCard:	Yes
Maestro:	Yes	MasterCard	Yes
Cirrus:	Yes	Electronic:	
		Maestro:	Yes
		Monex:	Yes
Exclusive to MasterCard?	Yes	Program Launch Date:	May 30, 2005
Products offered in the Program will be:		Debit MasterCard	
If Other, please enter			
Transactions are funded with funds on deposit?		Yes	
Others mark (s) appearing on the card:			
Program Benefits?		Yes	
If 'Yes', provide benefits:			
AVS will be validated:		Yes	
Card Account Protections	Accounts	Cards	
Year 1	50,000	50,000	

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M.C. 00081

Year 2	100,000	100,000
Year 3	100,000	100,000

Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Brander's?		No
Full Legal Name:	[REDACTED]	Trade Name or DBA:
Address:	[REDACTED]	City:
State/Province:		Zip:
Country:		
Affinity/Co-Branded	Cobrand	
Type of Business:	financial	How long in existence? 30 yrs.
Partner locations acceptance information:		
Does the Co-Brander accept?		
MasterCard	Yes	MasterCard
MasterCard Electronic	Yes	MasterCard Electronic
Maestro	Yes	Maestro
Mondex	Yes	Mondex
Is the Co-Brander a brokerage firm?		No
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program?		No
Additional Partners on card:		
Will the 4th line of embossing be used?		No
Proprietary Account Number on Card?		No
If yes, please complete section VIII		
The card program will be offered to the Co-Brander's		Customers
If Other, please describe:		

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	How long has the organization been in existence? yr.
Type of Business:	
Proprietary Account Number on the card?	
Does the Primary Co-Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	

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M.C. 00082

If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?

MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co-Brander's:

If Other, please describe :

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:	
Address:		City:	
State/Province:		Zip:	
Country:			
Type of Business:		How long in existence?	
Primary application submitted?			
Name of Primary Partner:		Name of Primary Partner's product:	
Does the Secondary Co-Branded partner understand the terms of this agreement?			
Program Name(s):			
<u>Card Account</u>	<u>Accounts</u>	<u>Cards</u>	
<u>Projections</u>			
Year 1	0	0	
Year 2	0	0	
Year 3	0	0	
Does the secondary Co-Brander accept as applicable?		If Yes, will the secondary Co-Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?	
MasterCard		MasterCard	
MasterCard Electronic		MasterCard Electronic	
Maestro		Maestro	
Mondex		Mondex	
The card program will be offered to the Secondary Partner's /Co-Brander's:			
If Other, please describe :			

Section VI: Prepaid Program

<u>General Information</u>			
The account is funded by :	Consumer	Type of Program :	Teen
If Other, please explain fund type:	student		
Program is operating under a	(e.g. corporation, insurance company, non-profit organization, etc)		
	Yes	Third Party has access to funds?	No

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M.C. 00083

BIN dedicated to prepaid programs?		
Funds Management		
Type of Account:	DDA - pooled funds account	Title on Account:
Card Information		
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 2?
Minimum: \$25	Maximum: \$1000	4.7 MM
Will the card be re-loadable?	Yes	
If 'Yes', reload values:		
Minimum: \$25	Maximum: \$1000	
What is the maximum number of loads per day?	2	What is each card account maximum balance at any given time?
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	500	1000
How will the funds be loaded onto the cards?	Via CC, debit card, ACH from DDA over web or phone	What is the maximum cumulative amount that can be spent at POI per day?
What payment methods are accepted to purchase, load, or reload the card amount?		
MasterCard	Yes	MasterCard
MasterCard Electronic	Yes	MasterCard Electronic
Maestro	Yes	Maestro
Mondex	Yes	Mondex
Cards are valid:	2 year(s)	month(s)
Cardholders have access to funds after card expiration date:		Yes
Estimate percentage of:		
Domestic transaction:	98 %	International transaction:
* Cash withdrawals:	2 %	* Cash withdrawals:
* Purchases:	98 %	* Purchases:
Describe all parties and their roles in the authorization process:		
Registration		
What is the process to register cardholder's information?	Parent will log online to apply or apply via 800 number. After Patriot Act assessment the card will be fulfilled via Oberthur LA.	
What type of cardholder information is recorded by the issuer?	Name, DOB, SSN#, address, etc.	
How does issuer verify cardholder's information?		
Program Disclosures:	<input type="checkbox"/> Procedure for redemption of unused funds <input type="checkbox"/> Split tender disclosure	

Section VII: Chip Program

VII.a. General Information

Number of Card Accepting locations

Is this a multi-application card?

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		Merchants: Terminals ATMs			
VII.b. Chip Information Card Manufacturer				Card Personalization Center Contact Name E-mail Address Address City State Zip Country	
Contact Name E-mail Address Address City State Zip Country				If sourcing from additional vendors, list:	
Application Provider				Operating System <input type="checkbox"/> MULTOS to be used <input type="checkbox"/> Other	
Contact Name E-mail Address Version Number				Issuer ensures that operating system is EMV compatible?	
Card Personalization Specification for MasterCard's Type Approval Process Card Vendor Name Product Name Chip Platform Application PAN					
Indicate what Internet authentication application will be used (if applicable) VII.c. Application Type					
Application Type		On Card at Issuance	Application Technology	Application Developer	Application ID (AID*) for BVT applications
<input type="checkbox"/> credit MasterCard <input type="checkbox"/> debit MasterCard <input type="checkbox"/> Maestro <input type="checkbox"/> Cirrus <input type="checkbox"/> Mondex Purse <input type="checkbox"/> Proprietary Stored Value <input type="checkbox"/> Affinity/Co-Branded Proprietary Account <input type="checkbox"/> Proprietary Non-payment (e.g. loyalty) <input type="checkbox"/> Other specify if Other					Product Name

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M.C. 00085

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above.

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below.)

☐ Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

☐ Other

(e.g. marketing priorities, economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program**Issuing Information**

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND

MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and its assigns and MasterCard.

Section VIII: Multi-application Program**Section VIII.a. Proprietary Non-payment Information**

Type of Non-payment service (e.g., loyalty, medical information, building access)

Who is providing the Non-payment service described above?

Describe how the cardholder uses /accesses Non-payment service

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Section VIII.b. Proprietary Payment Information

Type of Payment Application
(check all that apply)

If "Other" please specify

Who is providing the Payment service
described above?

Is the Payment application general
(broad merchant base) or limited purpose
(e.g., transit, campus merchants)?

Will Stored Value program convert to
Mondex?

☐ Yes ☐ No

If Stored Value application, define maximum and projected average
amounts that may be stored on cards :

Max

Projected Avg.

Describe how the Payment application will be used by cardholder :

Section VIII.c. Proprietary Account Number

How the proprietary account number will be incorporated onto the card

- ☐ embossed in the 4th line
☐ encoded on magnetic strip
☐ cross-referenced in co-branders database
☐ Other

Please describe where and for how the proprietary account will be utilized

Section VIII.d. Indemnification

Issuer Senior Program Manager By :

Name

Title

Date

Section IX: Virtual MasterCard Solution

Section IX.a. General Information

Target Audience :

Is this program marketed on a website?

www.

The Virtual MasterCard is available for
use in all remote environments :

Program will operate under a dedicated
BIN:

Will the same BIN be used for any physical MasterCard cards?

A unique BIN has been requested?

The virtual MasterCard includes the
following:

- ☐ 16-digit account number
☐ Assigned CVC2 value
☐ Expiration date

How will the account number, expiration date & CVC 2 be
communicated?

Section IX.b. Account Linkage

Account linkage will be managed the same way for all accountholders :

- Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards:

☐ Yes

- Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled

☐ Yes

- Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard

☐ Yes

- Is the physical MasterCard plastic option available at all times for cardholders in good standing?

☐ Yes ☐ No

The Virtual MasterCard account and physical MasterCard card is linked operationally

Section IX.c.

Optional Reference Device Issued

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The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement)

- ☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other
Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file? ☐ Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file? ☐

Program Approval Status

Preliminary Review

Date Submitted	03/29/2005	Date Reviewed	Mar 29, 2005
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments:	see file
Business Days to Respond:	3		
Program Reviewed by:	mark reviewed:	Douglas Bausch	
Lock Review History			

Final Program Status

Date of Status:	Status Set By:
Status	Approved

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Business Days to Approve : 18

Image File ---->

Entered by Satya Singh Mar 29, 2005 at 02:03 PM

Modified By: Satya Singh/NYC/MASTERCARD on Mar 03, 2006 at 01:45:11 PM

Modified By: Dawn Floor/NYC/MASTERCARD on Sep 21, 2005 at 10:14:55 AM

Modified By: Satya Singh/NYC/MASTERCARD on Mar 29, 2005 at 02:14:07 PM

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MasterCard International	Brand Standards Control System Special Issuing Programs
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MOL Submission

Member Name:

Status of Program:

Approved

Control Number

05-2501 NYC

Check all that apply:

<input checked="" type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input type="checkbox"/> Standard		
<input checked="" type="checkbox"/> Primary		
<input type="checkbox"/> Secondary		
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info

Member Name		Member BIN	
Member ICA/ID		Additional BIN	
Member Contact Last Name		Member Region	United States
Contact Middle Initial		Member Contact First Name	
Contact Address		Contact Title	
Contact State /Prov.		Contact City/Town	
Contact Country	United States	Contact Zip	
Contact Fax		Contact Phone	
		Contact Email	

Section II: General Program Information

Program Category:	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of accountholder:	United States (USA)	Program Name:	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name?	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard:	Yes	MasterCard:	Yes
Maestro:	Yes	MasterCard	No
Cirrus:	Yes	Electronic:	No
		Maestro:	No
		Monex:	No
Exclusive to MasterCard?	Yes	Program Launch Date:	Aug 01, 2005
Products offered in the Program will be:		Debit MasterCard	
If Other, please enter			
Transactions are funded with funds on deposit?		Yes	
Others mark(s) appearing on the card:			
Program Benefits?		No	
If Yes, provide benefits:			
AVS will be validated:		Yes	
Card Account Protections	Accounts	Cards	
Year 1	5,000	5,000	
Year 2	7,500	7,500	

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Year 3 10,000 10,000

Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Brander's?

Full Legal Name: Trade Name or DBA:
 Address: City:
 State/Province: Zip:
 Country:
 Affinity/Co-Branded
 Type of Business: How long in existence?

Partner locations acceptance
 information:

Does the Co-Brander accept?

If Yes, will the Co-Brander accept all cards branded with the following
 marks as a form of payment for all goods and services, in addition to
 the Co-Branded card itself?

MasterCard MasterCard
 MasterCard Electronic MasterCard Electronic
 Maestro Maestro
 Mondex Mondex

Is the Co-Brander a brokerage firm?

Does the Co-Brander intend to use the MasterCard, MasterCard Electronic,
 Maestro, Cirrus and /or Mondex brand marks as applicable to this program)
 to market the A/CB program?

Additional Partners on card:
 Will the 4th line of embossing be used?

Proprietary Account Number on Card?
 If yes, please complete section VIII

The card program will be offered to the Co-Brander's
 If Other, please describe:

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name: Trade Name or DBA:
 Address: City:
 State/Province: Zip:
 Country: United States (USA) How long has the organization been in existence? 2 yr.
 Type of Business:

Proprietary Account Number on the card?

No

Does the Primary Co-Brander accept?

MasterCard No
 MasterCard Electronic No
 Maestro No
 Mondex No

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If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?

MasterCard No

MasterCard Electronic No

Maestro No

Mondex No

The card program will be offered to the Primary Co-Brander's: Customers

If Other, please describe:

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:	
Address:		City:	
State/Province:		Zip:	
Country:			
Type of Business:		How long in existence?	
Primary application submitted?			
Name of Primary Partner:		Name of Primary Partner's product:	
Does the Secondary Co-Branded partner understand the terms of this agreement?			
Program Name(s):			
Card Account	Accounts	Cards	
Protections			
Year 1	0	0	
Year 2	0	0	
Year 3	0	0	
Does the secondary Co-Brander accept as applicable?		If Yes, will the secondary Co-Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?	
MasterCard		MasterCard	
MasterCard Electronic		MasterCard Electronic	
Maestro		Maestro	
Mondex		Mondex	
The card program will be offered to the Secondary Partner's /Co-Brander's:			
If Other, please describe:			

Section VI: Prepaid Program

General Information			
The account is funded by:	Consumer	Type of Program:	Teen
If Other, please explain fund type:	(e.g. corporation, insurance company, non-profit organization, etc)		

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Program is operating under a BIN dedicated to prepaid programs?	Yes	Third Party has access to funds?	No
Funds Management Type of Account:	DDA	Title on Account:	[REDACTED]
Card Information Initial Load Values:		What is the portfolio's total estimated funds balance by Year 2?	243,000,000
Minimum: \$10	Maximum: \$2500		
Will the card be re-loadable?	Yes		
If 'Yes', reload values:			
Minimum: \$10	Maximum: \$2500	What is each card account maximum balance at any given time?	2500
What is the maximum number of loads per day?	1	What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	2500
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	500		
How will the funds be loaded onto the cards?	The parent will use the control features to determine amounts which can be loaded to the card.		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic	No	MasterCard Electronic	No
Maestro	Yes	Maestro	Yes
Mondex	No	Mondex	No
Cards are valid:	3 year(s)	0 month(s)	
Cardholders have access to funds after card expiration date:		Yes	
Estimate percentage of:			
Domestic transaction:	95 %	International transaction:	5 %
* Cash withdrawals:	5 %	* Cash withdrawals:	5 %
* Purchases	95 %	* Purchases	95 %
Describe all parties and their roles in the authorization process:		eCommLink will verify data and approve authorization	
Registration			
What is the process to register cardholder's information?		Cards are sent to the parents address. The parent may contact IVR or the web site to register.	
What type of cardholder information is recorded by the issuer?		Cardholder name, address and government ID is recorded.	
How does issuer verify cardholder's information?		eCommLink will use OFAC and AVS check information.	
Program Disclosures:	<input checked="" type="checkbox"/> Procedure for redemption of unused funds		
	<input checked="" type="checkbox"/> Split tender disclosure		

Section VII: Chip Program

VII.a. General Information

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Number of Card Accepting locations		Is this a multi-application card?	
Merchants: Terminals ATMs			
VII.b. Chip Information			
Card Manufacturer		Card Personalization Center	
Contact Name		Contact Name	
E-mail Address		E-mail Address	
Address		Address	
City		City	
State		State	
Zip		Zip	
Country		Country	
United States (USA)		United States (USA)	
Application Provider		If sourcing from additional vendors, list:	
Contact Name		Operating System to be used <input type="checkbox"/> MULTOS <input type="checkbox"/> Other	
E-mail Address			
Version Number		Issuer ensures that operating system is EMV compatible?	
Card Personalization Specification for MasterCard's Type Approval Process			
Card Vendor Name			
Product Name			
Chip Platform			
Application			
PAN			
Indicate what Internet authentication application will be used (if applicable)			
VII.c. Application Type			
Application Type			
<input type="checkbox"/> credit MasterCard	On Card at Issuance	Application Technology	Application Developer
<input type="checkbox"/> debit MasterCard			Application ID (AID) for BVT applications
<input type="checkbox"/> Maestro			Product Name
<input type="checkbox"/> Cirrus			
<input type="checkbox"/> Mondex Purse			
<input type="checkbox"/> Proprietary Stored Value			
<input type="checkbox"/> Affinity/Co-Branded Proprietary Account			
<input type="checkbox"/> Proprietary Non-payment (e.g. loyalty)			

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☐ Other

specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

☐ Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for .

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND
MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or its designees and MasterCard.

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment information

Type of Non-payment service (e.g., loyalty, medical information, building access)

Who is providing the Non-payment

Describe how the cardholder uses /accesses

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service described above?

Non-payment service

Section VIII.b. Proprietary Payment Information

Type of Payment Application
(check all that apply)

If "Other" please specify

Who is providing the Payment service described above?
Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?

Will Stored Value program convert to Mondex? ☐ Yes ☐ No

If Stored Value application, define maximum and projected average amounts that may be stored on cards :
Max _____ Projected Avg. _____

Describe how the Payment application will be used by cardholder :

Section VIII.c. Proprietary Account Number
How the proprietary account number will be incorporated onto the card

☐ embossed in the 4th line
☐ encoded on magnetic strip
☐ cross-referenced in co-brand's database
☐ Other

Please describe where and /or how the proprietary account will be utilized

Section VIII.d. Indemnification

Issuer Senior Program Manager By :
Name _____
Title _____
Date _____

Section IX: Virtual MasterCard Solution

Section IX.a. General Information

Target Audience:

Is this program marketed on a website? www.

The Virtual MasterCard is available for use in all remote environments :

Program will operate under a dedicated BIN:

Will the same BIN be used for any physical MasterCard cards?

A unique BIN has been requested?

The Virtual MasterCard includes the following:

☐ 16-digit account number
☐ Assigned CVC2 value
☐ Expiration date

How will the account number, expiration date & CVC 2 be communicated?

Section IX.b. Account Linkage

Account linkage will be managed the same way for all accountholders :

• Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards:
☐ Yes

• Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled
☐ Yes

• Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard
☐ Yes

• Is the physical MasterCard plastic option available at all times for cardholders in good standing?
☐ Yes ☐ No

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The Virtual MasterCard account and physical MasterCard card is linked operationally .

Section IX.c.

Optional Reference Device Issued

The reference device must meet the following minimum requirements. (Check box to verify that device meets each requirement)

- ☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment .

☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card .

☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item . Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person .

☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file?

Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file?

Program Approval Status

Preliminary Review

Date Submitted	07/11/2005	Date Reviewed	Jul 11, 2005
Date Resubmitted :			
Date Additional Information Requested		Comment Date :	
Program Compliant	<input checked="" type="radio"/> Yes <input type="radio"/> No	Comments :	sent email approval
Business Days to Respond :	2		
Program Reviewed by :	mark reviewed:		
Lock Review History			

1. Date Additional Information Requested: Jul 13, 2005, sent email approval;

Final Program Status

Date of Status : Status Set By :

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Status Approved
Business Days to Approve : 2

Image File -->

Entered by x367757 Jun 08, 2005 at 05:32 PM

Modified By: Satya Singh/NYC/MASTERCARD on Jul 10, 2005 at 11:51:37 AM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Jul 13, 2005 at 03:25:44 PM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Jul 13, 2005 at 09:37:55 AM

Modified By: Satya Singh/NYC/MASTERCARD on Jul 11, 2005 at 04:08:07 PM

Modified By: x367757/MCARD on Jul 11, 2005 at 02:08:29 PM

Modified By: x367757/MCARD on Jun 08, 2005 at 04:34:25 PM

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		Brand Standards Control System <i>Special Issuing Programs</i>	
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Notes Submission

Member Name:

Status of Program:

Approved

Control Number

Check all that apply:

<input type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info:

Member Name		Member BIN	
Member ICA/ID		Additional BIN	
Member Contact Last Name		Member Region	United States
Contact Middle Initial		Member Contact First Name	
Contact Address		Contact Title	
Contact State /Prov.		Contact City/Town	
Contact Country	United States	Contact Zip	
Contact Fax		Contact Phone	
		Contact Email	

Section II: General Program Information

Program Category:	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes
Residence of account holder:	United States of America	Program Name:
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder? Yes		Will Cards be personalized with cardholder's name? Yes
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?
MasterCard: Yes		MasterCard: Yes
Maestro: No		MasterCard: No
Cirrus: No		Electronic: No
		Maestro: No
		Monex: No
Exclusive to MasterCard? Yes		Program Launch Date Jun 28, 2004
Products offered in the Program will be:		Debit MasterCard
If Other, please enter		
Transactions are funded with funds on deposit?	Yes	
Others mark(s) appearing on the card:	Pulse, Plus	
Program Benefits?	No	
If Yes, provide benefits:		
AVS will be validated:	Yes	
Card Account Protections	Accounts	Cards
Year 1	1600	5000
Year 2	2000	6000
Year 3	2800	9000

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Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Branders?	
Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	
Affinity/Co-Branded	
Type of Business:	How long in existence?
Partner locations acceptance information:	
Does the Co-Brander accept?	If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard	MasterCard
MasterCard Electronic	MasterCard Electronic
Maestro	Maestro
Mondex	Mondex
Is the Co-Brander a brokerage firm?	
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program?	
Additional Partners on card:	
Will the 4th line of embossing be used?	
Proprietary Account Number on Card?	
If yes, please complete section VIII	
The card program will be offered to the Co-Brander's	
If Other, please describe:	

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	How long has the organization been in existence? yr.
Type of Business:	
Proprietary Account Number on the card?	
Does the Primary Co-Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	
If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	

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MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co -Brander's:

If Other, please describe :

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA :
Address:		City:
State/Province:		Zip:
Country:		
Type of Business :	How long in existence?	
Primary application submitted?		
Name of Primary Partner :		Name of Primary Partner's product:
Does the Secondary Co -Branded partner understand the terms of this agreement?		
Program Name (s):		
<u>Card Account Protections</u>	<u>Accounts</u>	<u>Cards</u>
Year 1	0	0
Year 2	0	0
Year 3	0	0
Does the secondary Co -Brander accept as applicable?		If Yes, will the secondary Co -Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co -Branded card itself?
MasterCard		MasterCard
MasterCard Electronic		MasterCard Electronic
Maestro		Maestro
Mondex		Mondex
The card program will be offered to the Secondary Partner's /Co-Brander's:		
If Other, please describe :		

Section VI: Prepaid Program

General Information			
The account is funded by :	Consumer	Type of Program :	Toten
If Other, please explain fund type:	(e.g. corporation, insurance company, non-profit organization, etc)		
Program is operating under a BIN dedicated to prepaid programs?	Yes	Third Party has access to funds?	No

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Funds Management		
Type of Account:	DDA Consolidation account	Title on Account: Stored Value Consolidation
Card Information		
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 27
Minimum: \$20	Maximum: \$2500	150000
Will the card be re-loadable?	Yes	
If 'Yes', reload values:		
Minimum: \$20	Maximum: \$2500	
What is the maximum number of loads per day?	1	What is each card account maximum balance at any given time? 2500
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?		What is the maximum cumulative amount that can be spent at POI per day?
How will the funds be loaded onto the cards?	The cards will be purchased via the internet and in the branch of the bank	
What payment methods are accepted to purchase, load, or reload the card amount?		
MasterCard	Yes	MasterCard
MasterCard Electronic	No	MasterCard Electronic
Maestro	No	Maestro
Mondex	No	Mondex
Cards are valid:	2 year(s)	1 month(s)
Cardholders have access to funds after card expiration date :		Yes
Estimate percentage of:		
Domestic transaction:	99 %	International transaction:
* Cash withdrawals:	99 %	* Cash withdrawals:
* Purchases	99 %	* Purchases
Describe all parties and their roles in the authorization process :		Elan will have gateway to MasterCard, PULSE the Network Switch and PULSE Access as the Authorization
Registration		
What is the process to register cardholder's information?		Gathered at the time of purchase, Northwest Georgia Bank will comply requirements which includes the name, address, phone, dob, SSN, drivers license this will be captured in the branch as well as for internet orders, and housed on the PULSE access system
What type of cardholder information is recorded by the issuer?		The required information is stated in the MasterCard International guidelines to be compliant with AML, name, address, mailing if different phone, dob, SSN/TIN and DL
How does issuer verify cardholder's information?		All information will be verified by the PULSE Access System and checked for OFAC and AVS. NWGB will photocopy the ID's for the Branch

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Program Disclosures: ☐ Procedure for redemption of unused funds purchases.
☐ Split tender disclosure

Section VII: Chip Program

VII.a. General Information

Number of Card Accepting locations

Merchants:
Terminals
ATMs

Is this a
multi-application
card?

VII.b. Chip Information

Card Manufacturer

Card
Personalization
Center
Contact Name

Contact Name

E-mail Address

E-mail Address

Address

Address

City

City

State

State

Zip

Zip

Country

Country

If sourcing from
additional vendors,
list:

Application Provider

Operating System ☐ MULTOS
to be used ☐ Other

Contact Name

E-mail Address

Version Number

Issuer ensures
that operating
system is EMV
compatible?

Card Personalization Specification for
MasterCard's Type Approval Process

Card Vendor Name

Product Name

Chip Platform

Application

PAN

Indicate what Internet authentication
application will be used (if applicable)

VII.c. Application Type

Application Type

On Card at
Issuance

Application
Technology

Application
Developer

Application ID
(AID*) for BVT
applications

Product Name

☐ credit MasterCard☐ debit MasterCard☐ Maestro☐ Cirrus

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- ☐ Mondex Purse
- ☐ Proprietary Stored Value
- ☐ Affinity/Co-Branded Proprietary Account
- ☐ Proprietary Non-payment (e.g. loyalty)
- ☐ Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

- ☐ Technology availability and cost
(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)
- ☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance
- ☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☐ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND
MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

These terms form an integral part of the Application for issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or its assigns and MasterCard.

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Section VIII: Multi-application Program

Section VIII .a. Proprietary Non-payment Information	
Type of Non-payment service (e.g., loyalty, medical information, building access)	Describe how the cardholder uses /accesses Non-payment service
Who is providing the Non-payment service described above?	
Section VIII .b. Proprietary Payment Information	
Type of Payment Application (check all that apply)	Will Stored Value program convert to Mondex? <input type="radio"/> Yes <input type="radio"/> No
If "Other" please specify	
Who is providing the Payment service described above?	Projected Avg.
Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?	
If Stored Value application, define maximum and projected average amounts that may be stored on cards : Max	Projected Avg.
Describe how the Payment application will be used by cardholder :	
Section VIII .c. Proprietary Account Number	
How the proprietary account number will be incorporated onto the card	<input type="checkbox"/> embossed in the 4th line <input type="checkbox"/> encoded on magnetic strip <input type="checkbox"/> cross-referenced in co-branders database <input type="checkbox"/> Other
Please describe where and /or how the proprietary account will be utilized	
Section VIII .d. Indemnification	
User Senior Program Manager By : Name Title Date	

Section IX: Virtual MasterCard Solution

Section IX.a. General Information	
Target Audience :	Is this program marketed on a website? <input type="checkbox"/> www. _____
The Virtual MasterCard is available for use in all remote environments :	Program will operate under a dedicated BIN: _____
Will the same BIN be used for any physical MasterCard cards?	
A unique BIN has been requested?	
The virtual MasterCard includes the following:	How will the account number, expiration date & CVC 2 be communicated?
<input type="checkbox"/> 16-digit account number <input type="checkbox"/> Assigned CVC2 value <input type="checkbox"/> Expiration date	
Section IX.b.Account Linkage	
Account linkage will be managed the same way for all accountholders :	
• Please check this box if the Virtual MasterCard Solution will be offered in _____	• Please check this box to verify that the Virtual MasterCard _____

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conjunction with member's existing or newly issued physical MasterCard cards: <input type="checkbox"/> Yes • Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled. <input type="checkbox"/> Yes:	account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard <input type="checkbox"/> Yes • Is the physical MasterCard plastic option available at all times for cardholders in good standing? <input type="radio"/> Yes <input type="radio"/> No
--	--

The Virtual MasterCard account and physical MasterCard card is linked operationally.

Section IX.c.

Optional Reference Device Issued

The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement)

<input type="checkbox"/> No MasterCard hologram
<input type="checkbox"/> No magnetic stripe or chip
<input type="checkbox"/> No embossing
<input type="checkbox"/> No MasterCard signature panel

The following disclosures will be printed on the reference device

- | | |
|--------------------------|--|
| <input type="checkbox"/> | "This program is for use in all remote environments" |
| <input type="checkbox"/> | "This is designed for reference only and is not valid when handed to the merchant" |
| <input type="checkbox"/> | Other |

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card. ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the Internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file? ☐ Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file? ☐

Program Approval Status

Preliminary Review

Date Submitted	07/06/2004	Date Reviewed	Jul 08, 2004
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments:	(CK) Spoke to Sherry- she will send revised description program.
Business Days to Respond:	8		

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Program Reviewed by : mark reviewed: Michelle Kennedy

Lock Review History

1. Date Additional Information Requested: Aug 18, 2004. Spoke to Sherril, still need program description, merchant of record is Vesta. Changing application to reflect ATM withdrawal amt from balance to \$200. Making changes to T&C's.
2. Date Additional Information Requested: Sep 01, 2004. (CK) Spoke to Sherry- she will send revised description for program ;

Final Program Status

Date of Status : Status Set By :

Status : Approved

Business Days to Approve : 52

Image File -->

Entered by Christine Knowles Jul 06, 2004 at 02:19 PM

Modified By: Satya Singh/NYC/MASTERCARD on Sep 16, 2004 at 05:16:54 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Sep 01, 2004 at 03:28:07 PM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Aug 18, 2004 at 11:57:49 AM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Jul 14, 2004 at 01:58:00 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Jul 06, 2004 at 02:22:58 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Jul 06, 2004 at 02:19:20 PM

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M.C. 00107

		Brand Standards Control System <i>Special Issuing Programs</i>	
MOL Submission Member Name: [REDACTED]		Status of Program : Control Number: 05-3633 NYC	

Check all that apply :

<input checked="" type="checkbox"/> Affinity/Co-Brand <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Chip	<input checked="" type="checkbox"/> Multi-application <input checked="" type="checkbox"/> Non-Payment <input type="checkbox"/> Payment - Stored Value <input type="checkbox"/> Payment - ACB Proprietary <input type="checkbox"/> Virtual MasterCard <input type="checkbox"/> Pilot program	<input type="checkbox"/> Private Label
--	--	--

Section I: Member Information

Get Contact Info

Member Name	[REDACTED]	Member BIN	[REDACTED]
Member ICA/ID	[REDACTED]	Additional BIN	[REDACTED]
Member Contact Last Name	[REDACTED]	Member Region	United States
Contact Middle Initial	[REDACTED]	Member Contact First Name	[REDACTED]
Contact Address	[REDACTED]	Contact Title	[REDACTED]
Contact State /Prov.	[REDACTED]	Contact City/Town	[REDACTED]
Contact Country	United States	Contact Zip	[REDACTED]
Contact Fax	[REDACTED]	Contact Phone	[REDACTED]
		Contact Email	[REDACTED]

Section II: General Program Information

Program Category:	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes
Residence of accountholder:	United States (USA)	Program Name: [REDACTED]
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	PhotoID Card
Will the program offer cash access at all the cash dispensing locations?		Will Cards be personalized with cardholder's name? Yes
MasterCard:	Yes	Will the program entail ability to use card at all merchants that accept following brands?
Maestro:	Yes	
Cirrus:	Yes	
MasterCard:	Yes	
Maestro:	Yes	
Cirrus:	Yes	
MasterCard:	No	
Maestro:	Yes	
Mondex:	not applicable	
Exclusive to MasterCard?	Yes	Program Launch Date: Dec 15, 2005
Products offered in the Program will be:		Debit MasterCard, Maestro/Cirrus
If Other, please enter:		PayPass
Transactions are funded with funds on deposit?	Yes	
Others mark (s) appearing on the card:		MasterCard - Black Screen, Pulse
Program Benefits?	Yes	
If "Yes", provide benefits:		
AVS will be validated:	Yes	
Card Account Protections:	Accounts	Cards
Year 1	50000	50000

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Year 2	100000	100000
Year 3	150000	150000

Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Brander?

Full Legal Name:

Trade Name or DBA:

Address:

City:

State/Province:

Zip:

Country:

Affinity/Co-Branded

Type of Business:

How long in existence?

Partner locations acceptance information:

Does the Co-Brander accept?

If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?

MasterCard

MasterCard

MasterCard Electronic

MasterCard Electronic

Maestro

Maestro

Mondex

Mondex

Is the Co-Brander a brokerage firm?

Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program) to market the A/CB program?

Additional Partners on card :

Will the 4th line of embossing be used?

Proprietary Account Number on Card?

If yes, please complete section VIII

The card program will be offered to the Co-Brander's

If Other, please describe :

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:

Trade Name or DBA:

Address:

City:

State/Province:

Zip:

Country:

United States (USA)

How long has the organization been in existence?

Type of Business:

Proprietary Account Number on the card?

No

Does the Primary Co-Brander accept?

MasterCard Yes

MasterCard Electronic not applicable

Maestro Yes

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Mondex	not applicable
If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	
MasterCard	Yes
MasterCard Electronic	not applicable
Maestro	Yes
Mondex	not applicable
The card program will be offered to the Primary Co-Brander's: Customers, Other	
If Other, please describe: Co-branding Schools	

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:	
Address:		City:	
State/Province:		Zip:	
Country:			
Type of Business:		How long in existence?	
Primary application submitted?			
Name of Primary Partner:		Name of Primary Partner's product:	
Does the Secondary Co-Branded partner understand the terms of this agreement?			
Program Name(s):			
<u>Card Account Protections</u>	<u>Accounts</u>	<u>Cards</u>	
Year 1	0	0	
Year 2	0	0	
Year 3	0	0	
Does the secondary Co-Brander accept as applicable?		If Yes, will the secondary Co-Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?	
MasterCard		MasterCard	
MasterCard Electronic		MasterCard Electronic	
Maestro		Maestro	
Mondex		Mondex	
The card program will be offered to the Secondary Partner's /Co-Brander's:			
If Other, please describe:			

Section VI: Prepaid Program

General Information

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The account is funded by :	Consumer	Type of Program :	Tenn
If Other, please explain fund type:	(e.g. corporation, insurance company, non-profit organization, etc)		
Program is operating under a BIN dedicated to prepaid programs?	Yes	Third Party has access to funds?	Yes
Funds Management		If "Yes", explain:	Outsourced Chargebacks/Adj
Type of Account :	DDA	Title on Account :	PB - Consolidation Biuko
Card Information			
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 27	12 million
Minimum: \$10	Maximum: \$2500		
Will the card be re-loadable?	Yes		
If "Yes", reload values :			
Minimum: \$10	Maximum: \$2500		
What is the maximum number of loads per day?	2	What is each card account maximum balance at any given time?	2500
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	500	What is the maximum cumulative amount that can be spent at POI per day?	1000
How will the funds be loaded onto the cards?	retail outlets, BofA branches, IVRU, Web		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic	Yes	MasterCard Electronic	Yes
Maestro	Yes	Maestro	Yes
Mondex	not applicable	Mondex	not applicable
Cards are valid:	1 year(s)	0 month(s)	
Cardholders have access to funds after card expiration date :		Yes	
Estimate percentage of :			
Domestic transaction :	90 %	International transaction :	10 %
* Cash withdrawals :	20 %	* Cash withdrawals :	30 %
* Purchases	80 %	* Purchases	70 %
Describe all parties and their roles in the authorization process :		eCommlink, Puku will authorize and settle	
Registration			
What is the process to register cardholder's information?		IVRU or web	
What type of cardholder information is recorded by the issuer?		name, address, dob, ssn, phone number, email	
How does issuer verify cardholder's information?		Experian	
Program Disclosures :	<input checked="" type="checkbox"/> Procedure for redemption of unused funds		
	<input checked="" type="checkbox"/> Split tender disclosure		

Section VII: Chip Program

VII.a. General Information

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Number of Card Accepting locations

Merchants: Thousands
Terminals: Thousands
ATMs: not applicable

VII.b. Chip Information

Card Manufacturer [REDACTED]

Contact Name [REDACTED]

E-mail Address [REDACTED]

Address [REDACTED]

City [REDACTED]

State [REDACTED]

Zip [REDACTED]

Country [REDACTED] United States (USA)

Is this a multi-application card? Yes

Card Personalization Center [REDACTED]

Contact Name [REDACTED]

E-mail Address [REDACTED]

Address [REDACTED]

City [REDACTED]

State [REDACTED]

Zip [REDACTED]

Country [REDACTED] United States (USA)

If sourcing from additional vendors, list:

Operating System to be used ☐ MULTOS ☒ Other

If "Other" please specify PayPass

Issuer ensures that operating system is EMV compatible?

Application Provider

Contact Name [REDACTED]

E-mail Address [REDACTED]

Version Number [REDACTED]

Card Personalization Specification for MasterCard's Type Approval Process

Card Vendor Name Oberthur Card Systems

Product Name [REDACTED]

Chip Platform [REDACTED]

Application PAN [REDACTED]

Indicate what internet authentication application will be used (if applicable)

VII.c. Application Type

Application Type	On Card at Issuance	Application Technology	Application Developer	Application ID (AID) for BVT applications	Product Name
<input type="checkbox"/> credit MasterCard					
<input checked="" type="checkbox"/> debit MasterCard	<input checked="" type="radio"/> Yes <input type="radio"/> No	Contactless Chip (CL), Magnetic Stripe (M)		A0000000041010	
<input checked="" type="checkbox"/> Maestro	<input checked="" type="radio"/> Yes <input type="radio"/> No	Contactless Chip (CL), Magnetic Stripe (M)		A0000000043050	PayPass
<input checked="" type="checkbox"/> Cirrus	<input checked="" type="radio"/> Yes <input type="radio"/> No	Contactless Chip (CL), Magnetic Stripe (M)		A0000000046000	PayPass
<input type="checkbox"/> Mondex Purse					
<input type="checkbox"/> Proprietary Stored Value					
<input type="checkbox"/> Affinity/Co-Branded Proprietary Account					
<input type="checkbox"/> Proprietary Non-payment (e.g. loyalty)					

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☐ Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Date

Title

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

☐ Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Date

Title

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.



Business Plan Card Issuing Programs International	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

TERMS OF THE APPLICATION OF ISSUANCE AND MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or its agents and MasterCard.

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

Type of Non-payment service (e.g.,
loyalty, medical information, building

Personal Information

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(access)
Who is providing the Non-payment service described above? School - student id number Describe how the cardholder uses /accesses bar code on front of card Non-payment service

Section VIII .b. Proprietary Payment Information

Type of Payment Application (check all that apply) Other

If "Other" please specify non-payment

Who is providing the Payment service described above? [REDACTED]

Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)? non-payment; Student ID only

Will Stored Value program convert to Mondex? ☐ Yes ☐ No

If Stored Value application, define maximum and projected average amounts that may be stored on cards :
Max. 0 Projected Avg. 0

Describe how the Payment application will be used by cardholder : non-payment application

Section VIII .c. Proprietary Account Number
How the proprietary account number will be incorporated onto the card

☐ embossed in the 4th line
☐ encoded on magnetic strip
☐ cross-referenced in co-branders database
☐ Other

Please describe where and /or how the proprietary account will be utilized

Section VIII .d. Indemnification

Issuer Senior Program Manager By :
Name [REDACTED]
Title [REDACTED]
Date Oct 12, 2005

Section IX: Virtual MasterCard Solution

Section IX .a. General Information

Target Audience:

Is this program marketed on a website? www.

The Virtual MasterCard is available for use in all remote environments :

Program will operate under a dedicated BIN:

Will the same BIN be used for any physical MasterCard cards?

A unique BIN has been requested?

The virtual MasterCard includes the following:

☐ 16-digit account number
☐ Assigned CVC2 value
☐ Expiration date

How will the account number, expiration date & CVC 2 be communicated?

Section IX .b. Account Linkage

Account linkage will be managed the same way for all accountholders :

• Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards:
☐ Yes

• Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled
☐ Yes

• Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard
☐ Yes

• Is the physical MasterCard plastic option available at all times for cardholders in good standing?
☐ Yes ☐ No

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The Virtual MasterCard account and physical MasterCard card is linked operationally.

Section IX.c.
Optional Reference Device Issued

The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement)

☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other
Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dust Mode" transactions, e.g., it may not be used to purchase an item over the internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file? ☐ Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file? ☐ Yes

Program Approval Status

Preliminary Review

Date Submitted	10/12/2005	Date Reviewed	Oct 12, 2005
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input checked="" type="radio"/> Yes <input type="radio"/> No	Comments:	sent email approval
Business Days to Respond:			
Program Reviewed by:	mark reviewed		
Lock Review History			

1. Date Additional Information Requested: Oct 17, 2005, sent email approval;

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M.C. 00115

Final Program Status

Date of Status:	Status Set By:
Status: Approved	
Business Days to Approve: 3	

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Entered by r880501 Oct 12, 2005 at 04:05 PM

Modified By: Satya Singh/NYC/MASTERCARD on Mar 08, 2006 at 11:02:45 AM

Modified By: Michelle Kennedy/NYC/MASTERCARD on Oct 17, 2005 at 10:53:00 AM

Modified By: Ayde Ayala/NYC/MASTERCARD on Oct 13, 2005 at 10:53:58 AM

Modified By: Ayde Ayala/NYC/MASTERCARD on Oct 13, 2005 at 10:49:10 AM

Modified By: Ayde Ayala/NYC/MASTERCARD on Oct 13, 2005 at 10:45:56 AM

Modified By: r880501/MCARD on Oct 12, 2005 at 03:15:24 PM

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				Brand Standards Control System <i>Special Issuing Programs</i>	
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Notes Submission

Member Name :

Status of Program :

Approved

Control Number

Check all that apply :

<input type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info

Member Name		Member BIN	
Member ICA/ID		Additional BIN	
Member Contact Last Name		Member Region	United States
Contact Middle Initial		Member Contact First Name	
Contact Address		Contact Title	
Contact State /Prov.		Contact City/Town	
Contact Country	United States	Contact Zip	
Contact Fax		Contact Phone	
		Contact Email	

Section II: General Program Information

Program Category :	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes	
Residence of accountholder :	United States of America	Program Name :	
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Will Cards be personalized with cardholder's name?	
Will the program offer cash access at all the cash dispensing locations?		Will the program entail ability to use card at all merchants that accept following brands?	
MasterCard:	Yes	MasterCard:	Yes
Maestro:	No	MasterCard	No
Cirrus:	Yes	Electronic:	
		Maestro:	No
		Mondex:	No
Exclusive to MasterCard?	Yes	Program Launch Date	Oct 01, 2003
Products offered in the Program will be :		Debit MasterCard	
If Other, please enter		Family/Teen? Transfer	
Transactions are funded with funds on deposit?		Yes	
Others mark (s) appearing on the card :		Pulse, Plus, Cirrus	
Program Benefits?		No	
If "Yes", provide benefits :			
AVS will be validated :		Yes	
Card Account Protections...	Accounts	Cards	
Year 1	1	1,000	
Year 2	1	2,500	
Year 3	1	5,000	

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Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Branders?	
Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	
Affinity/Co-Branded	
Type of Business:	How long in existence?
Partner locations acceptance information:	
Does the Co-Brander accept?	If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Brander card itself?
MasterCard	MasterCard
MasterCard Electronic	MasterCard Electronic
Maestro	Maestro
Mondex	Mondex
Is the Co-Brander a brokerage firm?	
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and/or Mondex brand marks as applicable to this program?	
Additional Partners on card:	
Will the 4th line of embossing be used?	
Proprietary Account Number on Card?	
If yes, please complete section VIII	
The card program will be offered to the Co-Brander's	
If Other, please describe:	

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	How long has the organization been in existence? yr.
Type of Business:	
Proprietary Account Number on the card?	
Does the Primary Co-Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	
If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	

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MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co.-Brander's:

If Other, please describe:

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:
Address:		City:
State/Province:		Zip:
Country:		
Type of Business:	How long in existence?	
Primary application submitted?		
Name of Primary Partner:		Name of Primary Partner's product:
Does the Secondary Co-Branded partner understand the terms of this agreement?		
Program Name(s):		
<u>Card Account</u>	<u>Accounts</u>	<u>Cards</u>
<u>Projections</u>		
Year 1	0	0
Year 2	0	0
Year 3	0	0
Does the secondary Co-Brander accept as applicable?		If Yes, will the secondary Co-Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard		MasterCard
MasterCard Electronic		MasterCard Electronic
Maestro		Maestro
Mondex		Mondex
The card program will be offered to the Secondary Partner's /Co-Brander's:		
If Other, please describe:		

Section VI: Prepaid Program

General Information			
The account is funded by:	Consumer	Type of Program:	Teen
If Other, please explain fund type:			
Program is operating under a BIN dedicated to prepaid programs?	(e.g. corporation, insurance company, non-profit organization, etc) Yes	Third Party has access to funds?	No

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Funds Management			
Type of Account:	DDA	Title on Account:	Family/Transfer Card
Card Information			
Initial Load Values:		What is the portfolio's total estimated funds balance by Year 2?	100000
Minimum: \$10	Maximum: \$2500		
Will the card be re-loadable?	Yes		
If 'Yes', reload values:			
Minimum: \$10	Maximum: \$2500	What is each card account maximum balance at any given time?	2500
What is the maximum number of loads per day?	5	What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	300		
How will the funds be loaded onto the cards?	Card Values stored on Pulse Access System and loaded at time of purchase		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic	No	MasterCard Electronic	No
Maestro	No	Maestro	No
Mondex	No	Mondex	No
Cards are valid:	3 year(s)	month(s)	
Cardholders have access to funds after card expiration date:		Yes	
Estimate percentage of:			
Domestic transaction:	80 %	International transaction:	20 %
* Cash withdrawals:	20 %	* Cash withdrawals:	10 %
* Purchases	60 %	* Purchases	10 %
Describe all parties and their roles in the authorization process:		Eltan gateway to MasterCard and transaction authorized on ECommLink System	
Registration			
What is the process to register cardholder's information?		gathered at time of purchase at branch or via website	
What type of cardholder information is recorded by the issuer?		name, address, dob, tax id#	
How does issuer verify cardholder's information?		OFAC check & verification of physical ID at time of purchase	
Program Disclosures:		<input checked="" type="checkbox"/> Procedure for redemption of unused funds <input checked="" type="checkbox"/> Split tender disclosure	

Section VII: Chip Program**VII.a. General Information**

Number of Card Accepting locations

Merchants:
Terminals
ATMs

Is this a
multi-application
card?

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VII.b. Chip Information					
Card Manufacturer		Card Personalization Center Contact Name			
Contact Name		E-mail Address			
E-mail Address		Address			
Address		City			
City		State			
State		Zip			
Zip		Country			
Country		If sourcing from additional vendors, list:			
Application Provider		Operating System to be used <input type="checkbox"/> MULTOS <input type="checkbox"/> Other			
Contact Name					
E-mail Address					
Version Number		Issuer ensures that operating system is EMV compatible?			
Card Personalization Specification for MasterCard's Type Approval Process					
Card Vendor Name					
Product Name					
Chip Platform					
Application					
PAN					
Indicate what internet authentication application will be used (if applicable)					
VII.c. Application Type		On Card at Issuance	Application Technology	Application Developer	Application ID (AID*) for BVT applications
Application Type					Product Name
<input type="checkbox"/> credit MasterCard					
<input type="checkbox"/> debit MasterCard					
<input type="checkbox"/> Maestro					
<input type="checkbox"/> Cirrus					
<input type="checkbox"/> Mondex Purse					
<input type="checkbox"/> Proprietary Stored Value					
<input type="checkbox"/> Affinity/Co-Branded Proprietary Account					
<input type="checkbox"/> Proprietary Non-payment (e.g. loyalty)					
<input type="checkbox"/> Other					
specify if Other					
VII.d. Self-Certification					
Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance					

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Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below)

☐ Technology availability and cost

(e.g. incremental chip space, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☒ Yes

Business Plan Card Issuing Programs	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
International	0	0	0	0	0	0
Local	0	0	0	0	0	0
Total	00	00	00	00	00	00

Need a new BIN?

Card Design family applying for :

Do you plan to use available colors within the chosen family?

Which color will you use :

**TERMS OF THE APPLICATION OF ISSUANCE AND
MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM**

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and its assigns and MasterCard.

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

Type of Non-payment service (e.g., loyalty, medical information, banking access)

Who is providing the Non-payment service described above?

Describe how the cardholder uses /accesses Non-payment service

Section VIII.b. Proprietary Payment Information

Type of Payment Application

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(check all that apply)

If "Other" please specify

Who is providing the Payment service described above?

Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?

Will Stored Value program convert to Mondiac?

☐ Yes ☐ No

If Stored Value application, define maximum and projected average amounts that may be stored on cards:

Max

Projected Avg.

Describe how the Payment application will be used by cardholder:

Section VIII.c. Proprietary Account Number

How the proprietary account number will be incorporated onto the card

- ☐ embossed in the 4th line
☐ encoded on magnetic strip
☐ cross-referenced in co-brand's database
☐ Other

Please describe where and/or how the proprietary account will be utilized

Section VIII.d. Indemnification

Issuer Senior Program Manager By:

Name

Title

Date

Section IX: Virtual MasterCard Solution

Section IX.a. General Information

Target Audience:

Is this program marketed on a website?

www.

The Virtual MasterCard is available for use in all remote environments:

Program will operate under a dedicated BIN:

Will the same BIN be used for any physical MasterCard cards?

A unique BIN has been requested?

The virtual MasterCard includes the following:

- ☐ 16-digit account number
☐ Assigned CVC2 value
☐ Expiration date

How will the account number, expiration date & CVC 2 be communicated?

Section IX.b. Account Linkage

Account linkage will be managed the same way for all accountholders:

- Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards:

☐ Yes

- Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled

☐ Yes

- Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard

☐ Yes

- Is the physical MasterCard plastic option available at all times for cardholders in good standing?

☐ Yes ☐ No

The Virtual MasterCard account and physical MasterCard card is linked operationally

Section IX.c.

Optional Reference Device Issued

The reference device must meet the

☐ No MasterCard hologram

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following minimum requirements (Check box to verify that device meets each requirement):

- ☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file?

Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file?

Yes

Program Approval Status

Preliminary Review

Date Submitted	11/04/2003	Date Reviewed	Nov 04, 2003
Date Resubmitted:			
Date Additional Information Requested		Comment Date:	
Program Compliant	<input type="radio"/> Yes <input checked="" type="radio"/> No	Comments:	see file
Business Days to Respond:	3		
Program Reviewed by:	mark reviewed	Michelle Mitchell	
Lock Review History			

Final Program Status

Date of Status:	Status Set By:
Status	Approved
Business Days to Approve:	24

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Image File -->

Entered by: Christine Knowles Apr 14, 2004 at 04:23 PM

Modified By: Tammy Thomas/STL/MASTERCARD on Apr 19, 2004 at 04:07:12 PM

Modified By: Tammy Thomas/STL/MASTERCARD on Apr 15, 2004 at 02:09:12 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Dec 11, 2003 at 04:00:42 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Nov 04, 2003 at 03:12:37 PM

Modified By: Christine Knowles/NYC/MASTERCARD on Nov 04, 2003 at 02:56:23 PM

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	Brand Standards Control System <i>Special Issuing Programs</i>
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Notes Submission

Member Name:

Status of Program:

Approved

Control Number

Check all that apply:

<input type="checkbox"/> Affinity/Co-Brand	<input type="checkbox"/> Multi-application	<input type="checkbox"/> Private Label
<input checked="" type="checkbox"/> Prepaid	<input type="checkbox"/> Virtual MasterCard	
<input type="checkbox"/> Chip	<input type="checkbox"/> Pilot program	

Section I: Member Information

Get Contact Info

Member Name		Member BIN	
Member ICA/ID		Additional BIN	
Member Contact Last Name		Member Region	United States
Contact Middle Initial		Member Contact First Name	
Contact Address		Contact Title	
Contact State /Prov.		Contact City/Town	
Contact Country	United States	Contact Zip	
Contact Fax		Contact Phone	
		Contact Email	

Section II: General Program Information

Program Category:	Prepaid - Teen Cards	By checking this box, please confirm that a program description has been submitted <input checked="" type="checkbox"/> Yes
Residence of accountholder:	United States of America	Program Name: [REDACTED]
Will Cards be mailed directly from the issuer or from the card manufacturer to the cardholder?	Yes	Card
Will the program offer cash access at all the cash dispensing locations?		Will Cards be personalized with cardholder's name? Yes
MasterCard:	Yes	Will the program entail ability to use card at all merchants that accept following brands?
Maestro:	Yes	
Cirrus:	Yes	
MasterCard:		
Maestro:		
Electronic:		
Monex:		
Exclusive to MasterCard?	No	Program Launch Date Dec 06 2002
Products offered in the Program will be:		Debit MasterCard
If Other, please enter		
Transactions are funded with funds on deposit?		Yes
Others mark (s) appearing on the card:		AFFN, Pulse
Program Benefits?		No
If "Yes", provide benefits:		
AVS will be validated:		Yes
Card Account Projection Accounts		Cards
Year 1	40	40
Year 2	9,388	9,388
Year 3	20,000	20,000

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Section III: Standard Affinity/Co-Branded (A/CB) Programs

Will this card program be marketed by a Co-Brander to other Co-Branders?	
Full Legal Name:	Trade Name or DBA:
Address:	City:
State/Province:	Zip:
Country:	
Affinity/Co-Branded	
Type of Business:	How long in existence?
Partner locations acceptance information:	
Does the Co-Brander accept?	If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the Co-Branded card itself?
MasterCard	MasterCard
MasterCard Electronic	MasterCard Electronic
Maestro	Maestro
Mondex	Mondex
Is the Co-Brander a brokerage firm?	
Does the Co-Brander intend to use the MasterCard, MasterCard Electronic, Maestro, Cirrus and /or Mondex brand marks as applicable to this program) to market the A/CB program?	
Additional Partners on card:	
Will the 4th line of embossing be used?	
Proprietary Account Number on Card?	
If yes, please complete section VIII	
The card program will be offered to the Co-Brander's	
If Other, please describe:	

Section IV: Primary Multi-tiered Affinity/Co-Branded (A/CB) Program

Full Legal Name:	
Address:	Trade Name or DBA:
State/Province:	City:
Country:	Zip:
Type of Business:	How long has the organization been in existence? yr.
Proprietary Account Number on the card?	
Does the Primary Co-Brander accept?	
MasterCard	
MasterCard Electronic	
Maestro	
Mondex	
If Yes, will the Co-Brander accept all cards branded with the following marks as a form of payment for all goods and services, in addition to the co-branded card itself?	

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MasterCard

MasterCard Electronic

Maestro

Mondex

The card program will be offered to the Primary Co -Brander's:

If Other, please describe :

Section V: Secondary Multi-tiered Affinity/Co-Branded Program

Full Legal Name:		Trade Name or DBA:	
Address:		City:	
State/Province:		Zip:	
Country:			
Type of Business:		How long in existence?	
Primary application submitted?			
Name of Primary Partner:		Name of Primary Partner's product:	
Does the Secondary Co -Branded partner understand the terms of this agreement?			
Program Name (s):			
<u>Card Account</u>	<u>Accounts</u>	<u>Cards</u>	
<u>Projections</u>			
Year 1	0	0	
Year 2	0	0	
Year 3	0	0	
Does the secondary Co -Brander accept as applicable?		If Yes, will the secondary Co -Brander accept all the cards branded with the following marks as a form of payment for all goods and services, in addition to the Co -Branded card itself?	
MasterCard		MasterCard	
MasterCard Electronic		MasterCard Electronic	
Maestro		Maestro	
Mondex		Mondex	
The card program will be offered to the Secondary Partner's /Co-Brander's:			
If Other, please describe :			

Section VI: Prepaid Program

General Information			
The account is funded by :	Consumer	Type of Program :	Term
If Other, please explain fund type:	(e.g. corporation, insurance company, non-profit organization, etc)		
Program is operating under a BIN dedicated to prepaid programs?		Third Party has access to funds?	No

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Funds Management		Title on Account:	
Type of Account:	DDA General Ledger	Prepaid Spending Card Activity Account	
Card Information		What is the portfolio's total estimated funds balance by Year .2?	
Initial Load Values:		545228.72	
Minimum: \$10	Maximum: \$1000		
Will the card be re-loadable?	Yes		
If 'Yes', reload values:			
Minimum: \$10	Maximum: \$1000		
What is the maximum number of loads per day?	20	What is each card account maximum balance at any given time? 2000	
What is the maximum cumulative amount that can be withdrawn from ATMs or Bank Tellers per day?	104	What is the maximum cumulative amount that can be spent at POI per day? 2000	
How will the funds be loaded onto the cards?	Funded by ACH or affiliated USAA FSB ATM Debit Card		
What payment methods are accepted to purchase, load, or reload the card amount?			
MasterCard	Yes	MasterCard	Yes
MasterCard Electronic		MasterCard Electronic	
Maestro	Yes	Maestro	Yes
Mondex		Mondex	
Cards are valid:	2 year(s)	month(s)	
Cardholders have access to funds after card expiration date :		No	
Estimate percentage of :			
Domestic transaction :	99 %	International transaction :	1 %
* Cash withdrawals :	12 %	* Cash withdrawals :	1 %
* Purchases	88 %	* Purchases	99 %
Describe all parties and their roles in the authorization process :		Metavante manages authorizations via Tandem and Caribase Management Systems	
Registration			
What is the process to register cardholder's information?		Customer established membership via usaa.com and obtains member for self and teen. Information transmitted upon enrollment completion real time to Metavante.	
What type of cardholder information is recorded by the issuer?		parent name, address, ss#, Teens name and ss#.	
How does issuer verify cardholder's information?		OFAG, USAA Member validation, ICS file	
Program Disclosures :			
<input checked="" type="checkbox"/> Procedure for redemption of unused funds			
<input checked="" type="checkbox"/> Split tender disclosure			

Section VII: Chip Program

VII.a. General Information

Number of Card Accepting locations

Is this a

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		Merchants: Terminals ATMs		multi-application card?	
VII.b. Chip Information					
Card Manufacturer					
Contact Name					
E-mail Address					
Address					
City					
State					
Zip					
Country					
Application Provider					
Contact Name					
E-mail Address					
Version Number					
Card Personalization Specification for MasterCard's Type Approval Process					
Card Vendor Name					
Product Name					
Chip Platform					
Application					
PAN					
Indicate what Internet authentication application will be used (if applicable)					
VII.c. Application Type					
Application Type					
<input type="checkbox"/>	credit MasterCard				
<input type="checkbox"/>	debit MasterCard				
<input type="checkbox"/>	Maestro				
<input type="checkbox"/>	Cirrus				
<input type="checkbox"/>	Mondex Purse				
<input type="checkbox"/>	Proprietary Stored Value				
<input type="checkbox"/>	Affinity/Co-Branded Proprietary Account				
<input type="checkbox"/>	Proprietary Non-payment (e.g. loyalty)				
		On Card at Issuance	Application Technology	Application Developer	Application ID (AID?) for BVT applications
					Product Name
Operating System <input type="checkbox"/> MULTOS to be used <input type="checkbox"/> Other					
If sourcing from additional vendors, list:					
Issuer ensures that operating system is EMV compatible?					

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☐ Other
specify if Other

VII.d. Self-Certification

Issuer certifies that it and its suppliers, as applicable, have complied with MasterCard Compliance Assessment and Security Testing (CAST) in the development of the proprietary non-MasterCard chip application(s) described above.

Issuer Senior Program Manager By :

Name

Title

Date

VII.e. Deferral Request

Issuer is familiar with the MasterCard and Maestro hybrid card rules, which are effective July 1, 1999. Issuer intends to comply with these rules as soon as commercially possible. However, issuer is unable to comply at this time for the following reason (s) (Please explain in the spaces provided below.)

☐ Technology availability and cost

(e.g. incremental chip specs, bank systems and domestic network upgrades/conversions, Euro, etc.)

☐ The relationship between smart card issuance and the pacing of terminal conversion to chip acceptance

☐ Other

(e.g. marketing priorities economic issues)

Issuer Senior Program Manager By :

Authorized Signature

Name

Title

Date

Section VII.f. MasterCard mc2 Program

Issuing Information

Do you plan to provide chip readers for issuing activity?

Do you plan to use the services of a Member Service Provider (MSP) for issuing activity?

By checking this box, please confirm that the MSP is registered with MasterCard International.

☒ Yes

Business Plan Card Issuing Programs International	1st Year		2nd Year		3rd Year	
	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars	Number of Cards	Volume in U.S. Dollars
Local	0	0	0	0	0	0
Total	0	0	0	0	0	0

Need a new BIN?

Card Design family applying for .

Do you plan to use available colors within the chosen family?

Which color will you use :

**TERMS OF THE APPLICATION OF ISSUANCE AND
MEMORANDUM OF UNDERSTANDING OF THE MasterCard mc² PROGRAM**

Note: These terms form an integral part of the Application for Issuance and Memorandum of Understanding of the MasterCard mc² Program between Applicant and/or Issuance and MasterCard.

Section VIII: Multi-application Program

Section VIII.a. Proprietary Non-payment Information

Type of Non-payment service (e.g., loyalty, medical information, building access)

Who is providing the Non-payment

Describe how the cardholder uses /accesses

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service described above?	Non-payment service
Section VIII.b. Proprietary Payment Information	
Type of Payment Application (check all that apply)	
If "Other" please specify	
Who is providing the Payment service described above?	
Is the Payment application general (broad merchant base) or limited purpose (e.g., transit, campus merchants)?	Will Stored Value program convert to Mondex? <input type="radio"/> Yes <input type="radio"/> No
If Stored Value application, define maximum and projected average amounts that may be stored on cards : Max	Projected Avg.
Describe how the Payment application will be used by cardholder :	
Section VIII.c. Proprietary Account Number	
How the proprietary account number will be incorporated onto the card	<input type="checkbox"/> embossed in the 4th line <input type="checkbox"/> encoded on magnetic strip <input type="checkbox"/> cross-referenced in co-branders database <input type="checkbox"/> Other
Please describe where and /or how the proprietary account will be utilized	
Section VIII.d. Indemnification	
Issuer Senior Program Manager By :	
Name	
Title	
Date	

Section IX: Virtual MasterCard Solution

Section IX.a. General Information	
Target Audience :	Is this program marketed on a website? www.
The Virtual MasterCard is available for use in all remote environments :	Program will operate under a dedicated BIN:
Will the same BIN be used for any physical MasterCard cards?	
A unique BIN has been requested?	
The Virtual MasterCard includes the following:	How will the account number, expiration date & CVC 2 be communicated?
<input type="checkbox"/> 16-digit account number <input type="checkbox"/> Assigned CVC2 value <input type="checkbox"/> Expiration date	
Section IX.b. Account Linkage	
Account linkage will be managed the same way for all accountholders :	
<ul style="list-style-type: none"> Please check this box if the Virtual MasterCard Solution will be offered in conjunction with member's existing or newly issued physical MasterCard cards: <input type="checkbox"/> Yes	<ul style="list-style-type: none"> Please check this box to verify that the Virtual MasterCard account holder will be offered the option to receive a physical MasterCard card in conjunction with the Virtual MasterCard <input type="checkbox"/> Yes
<ul style="list-style-type: none"> Please check the box to verify that the Virtual MasterCard will be automatically cancelled when the physical MasterCard card is cancelled <input type="checkbox"/> Yes	<ul style="list-style-type: none"> Is the physical MasterCard plastic option available at all times for cardholders in good standing? <input type="radio"/> Yes <input type="radio"/> No

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The Virtual MasterCard account and physical MasterCard card is linked operationally .

Section IX.c.

Optional Reference Device Issued

The reference device must meet the following minimum requirements (Check box to verify that device meets each requirement)

- ☐ No MasterCard hologram
☐ No magnetic stripe or chip
☐ No embossing
☐ No MasterCard signature panel

The following disclosures will be printed on the reference device

- ☐ "This program is for use in all remote environments"
☐ "This is designed for reference only and is not valid when handed to the merchant"
☐ Other
Other

Section IX.d. Communication Materials

The issuer must disclose to account holders that the card -optional account is MasterCard card in all respects except that it cannot be used for any purchase where a physical card must be handed to a merchant for payment ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for any transaction that requires in person presentation of a physical MasterCard card ☐ Yes

The issuer must prominently disclose to account holders that the card -optional account cannot be used for "Dual Mode" transactions, e.g., it may not be used to purchase an item over the Internet that subsequently would require presentation of a physical MasterCard card bearing the same account number as the card -optional account in order to obtain that item. Examples include certain theatre ticket purchases, hotel stays, car rentals, and online purchases picked up in person. ☐ Yes

Section X: Required Signature

Section X.a. Required Signature of Authorized Representative of Member

Member Signature on file?

Yes

Section X.b. Required Signature of Authorized Representative of Partner

Partner Signature on file?

Yes

Program Approval Status

Preliminary Review

Date Submitted 02/03/2004

Date Reviewed Feb 03, 2004

Date Resubmitted :

Date Additional Information Requested

Comment Date :

Program Compliant

☐ Yes ☒ No

Comments :

Business Days to Respond :

0

Program Reviewed by :

mark reviewed:

Lock Review History

1. Date Additional Information Requested: Feb 03, 2004, any restrictions?:

2. Date Additional Information Requested: May 19, 2005, [REDACTED]

Please accept this e-mail as the understanding of MasterCard - Franchise Management, that the [REDACTED] program is

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funded and purchased only with Cash, ACH transfer and only any [REDACTED] program. We reached this understanding as:

- [REDACTED] is acting as a financial institution not a merchant
 - [REDACTED] is a closed loop organization (similar to a private club)
 - [REDACTED] is not selling the program or making the loading functionality of the program available to the general public
- If our understanding is not correct please notify us immediately.
Thank you, and continued success with the program.

[REDACTED]
Vice President
Franchise Management - Brand Standards
MasterCard International
2200 Purchase Street
Purchase, NY 10577
914-249-6222
Fax: 914-249-4356

Final Program Status

Date of Status:	Status Set By:
Status: Approved	
Business Days to Approve: 8	

Image File ---->

Entered by: [REDACTED] Apr 14, 2004 at 04:48 PM
Modified By: Douglas Gausch/NYC/MASTERCARD on May 19, 2005 at 02:30:59 PM
Modified By: Sara Schneider/STU/MASTERCARD on Apr 19, 2004 at 02:02:01 PM
Modified By: Christine Knowles/NYC/MASTERCARD on Feb 13, 2004 at 01:38:55 PM
Modified By: Christine Knowles/NYC/MASTERCARD on Feb 13, 2004 at 01:37:28 PM

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